



Nevada Board for the Regulation of Liquefied Petroleum Gas

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Class 2B, 4 and 5 LICENSE APPLICATION

1. Read all instructions carefully. **The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only.** A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application. Incomplete applications will be returned to you.
2. **Please type or print in ink when completing this form**
3. **Make sure the application is properly signed and notarized.**
4. **Include the required application and license fees. Application fees are non refundable.**
5. **For other than class 2B, 4 and 5 licenses.** Contact the Board office for the correct application.

SECTION 1 – CLASSIFICATION OF LICENSE REQUESTED

The undersigned hereby applies to the above-named Board under the provisions of Section 590.465 to 590.645, inclusive, of the Nevada Revised Statutes, and the Rules and Regulations of the Nevada Liquefied Petroleum Gas Board, under the Class number(s) hereon checked.

- ☐ Class 2B License: A business which operates one or more cylinder exchange cabinets at a fixed location for the resale of propane to the public.
- ☐ Class 4 License: A business which operates one or more dispensers at a fixed location for the resale of propane to the public.
- ☐ Class 5 License: Those businesses utilizing or causing LP-Gas to be utilized that do not specifically fall within classifications 1A, 1B, 2A, 2B, 3, or 4.

SECTION 2 – FEES

Application Fee: A \$70 non-refundable application fee is required for each class of license applied for.

License Fee: A license fee is required for each class of license applied for. After the initial license fee(s) annual license fee(s) will be assessed on or around the anniversary of the license(s) being approved.

Inspection Fee: An inspection fee will be required for the inspection(s) that will be performed on each installation after it is completely installed. After the initial inspection(s) annual inspection(s) will be performed and inspection fees will be assessed. The initial inspection fee(s) can be paid now (2B and 4) or it will be billed after each inspection is performed.

License Class	2B	4	5
Application Fee	\$70	\$70	\$70
License Fee	\$65	\$135	\$135
Inspection Fee	\$50	\$105	

Class 2B Fees		
<u> </u>	+	<u> </u>
(Application Fee)		(License Fee)
+ <u> </u>		
(Inspection Fee)		

Class 4 Fees		
<u> </u>	+	<u> </u>
(Application Fee)		(License Fee)
+ <u> </u>		
(Inspection Fee)		

+

Class 5 Fees		
<u> </u>	+	<u> </u>
(Application Fee)		(License Fee)

=

TOTAL
<u> </u>
(Amount Enclosed)

SECTION 3 – BUSINESS NAME AND ADDRESS

Business Name: The legal business name is the name that will appear on the license. The DBA is the name that you will be doing business as. Licenses are valid only for the particular business they were issued to.

Legal Business Name: _____

DBA: _____

Federal Employer Identification Number (EIN) _____

Address: Space is provided for two addresses, a physical location address and a billing address. The physical address is the address where the licensed LP-Gas equipment will be physically located. The mailing address is the address where the Board will send all mail and contact to discuss billing issues. Licenses are valid only for the particular premises they were issued to.

Physical Address: _____

(Street Address)

(City)

(State)

(Zip)

Phone No.: _____ Fax No.: _____

Contact Person: _____ Contact Person Title: _____

Billing Address: _____

(Street Address or P.O. Box)

(City)

(State)

(Zip)

Phone No.: _____ Fax No.: _____

E-mail: _____ Web Site: _____

Contact Person: _____ Contact Person Title: _____

SECTION 4 BUSINESS ENTITY TYPE

Business Entity: Licenses are issued to legal business entities, and are not transferable to any person, firm, association, partnership or corporation. It is suggested that you consult with your legal counsel and/or accountant when deciding on the business entity type. If other than a sole proprietor you must be on record with the Nevada Secretary of State.

This application is for a (check appropriate business entity):

☐ Sole Proprietor

☐ Corporation or LLC

☐ General Partnership

☐ Other – Enter the business entity type _____

SECTION 5 – FUEL SUPPLIER

Fuel Supplier: Space is provided for the name of the business that will be supplying your business the propane and the equipment required to dispense propane to the public.

Fuel Supplier: _____ Phone No.: _____

SECTION 6 - PERSONNEL

Personnel: Supply the identifying information below for the sole proprietor, if applying as an individual; the president, vice president, secretary and managing officers, if a corporation or LLC; or all partners if a partnership.

NAME	TITLE OR POSITION	ADDRESS	PHONE

(Attach a separate sheet if necessary)

Have you, or any of you, been previously licensed in the liquefied petroleum gas business in this or any other states?

☐ Yes ☐ No If so, who, under what name, when, and what State _____

SECTION 7 – PLANS AND SPECIFICATIONS

Detailed plans and specifications of new installations of storage facilities with containers that have an individual or aggregate water capacity over 4000 gallons, dispensing stations and cylinder exchange cabinets must be submitted to the Board for approval prior to any commencement of work. For storage facilities the plans must detail all piping and related equipment. For dispensing stations the plans must detail the equipment being installed in relation to property lines, buildings, streets, sidewalks, overhead power lines, all utility easements, emergency electrical shutoff switch, etc. For cylinder exchange cabinets the plans must detail the cabinet(s) in relation to openings into the building, sources of ignition (soda machine, pay phone, etc.), vehicle parking, streets, sidewalks, etc. All plans must give details of how the installation will be protected from vehicle traffic.

Any vertical LP-Gas container that is designed to be self-supporting by the use of steel supports requires a concrete footing. Plans for the required footing must be approved by a Nevada engineer licensed pursuant to chapter 625 of the NRS. The container installation must be able to withstand the anticipated wind and seismic forces at the installation location. The engineer who approves these plans must be aware of the soil conditions at the proposed installation location. This will require a separate soil compaction study be performed by a company that is licensed to do so. The same requirement applies for concrete piers or steel skids designed to support a horizontal container over 4000 gallon water capacity.

Other installations may also require approval by a licensed Nevada engineer. Contact the Board office if you are unsure if your installation requires such approval.

Include a copy of all plans and specifications for your proposed installation. All plans submitted that are approved by an engineer as required above must be the original “wet stamped” plans.

PLEASE NOTE: Any future changes that impact the LP-Gas system shall be reported to the Board office immediately. This may include but is not limited to: LP-Gas equipment change, new construction on property or neighboring property, property use changes, utility relocation, etc.

SECTION 8 – INSURANCE REQUIREMENTS

Licensees must have insurance against liability for injury to persons and damage to property. The insurance must be kept and remain in force during the lifetime of the operation. Certificates showing such coverage must be on file in the office of the Board and in the office of the company. Include a valid copy of the insurance certificate.

The following items must be listed on the Certificate of Liability Insurance:

- The insured must have the physical location and type of installation (LPG cylinder exchange, LPG dispenser, LPG bulk storage, etc.) listed
- The Board must be named as the certificate holder as displayed below:

Nevada LP-Gas Board
P.O. Box 338
Carson City, NV 89702

SECTION 9 – AFFIDAVIT AND AUTHORIZED SIGNATURE

The applicant hereby agrees that he will not allow any non-certified person to dispense propane or have access to equipment that is used to dispense propane.

The applicant understands that the Board is authorized to conduct examinations of any applicant to determine the responsibility, ability, knowledge, experience or other qualification of the applicant for a license.

The applicant understands that he will be subject to disciplinary action up to and including suspension or revocation of his license if at any time his propane installation is found to be operating in violation of applicable safety standards and or regulations.

The applicant understands that this application will be classified as a public record and will be available for inspection by the public.

WAIVER OF RIGHT TO NOTICE OF HEARING PURSUANT TO NRS 241.033 AND 241.034

I acknowledge that I am aware that NRS 241.033 and 241.034 entitle me to a written notice:

- a) Delivered personally to me at least 5 working days before the meeting; or
- b) Sent by certified mail to my last known address at least 21 working days before the meeting

of the Nevada Board for the Regulation of Liquefied Petroleum Gas at which administrative action might be taken against me or at which my character, alleged misconduct, professional competence, or physical or mental health may be discussed or considered by the Board. I acknowledge that the Board intends to discuss my character, alleged misconduct, professional competence, or physical or mental health at the next available meeting as such relates to my **application** for certification or licensure by the Board and that the Board intends to **grant** or **deny** my **application**. To deny my application the Board would “take administrative action against” me as that term is used in NRS 241.034.

I acknowledge that the Board may decide to hold a closed session to discuss and consider my character, alleged misconduct, professional competence, or physical or mental health.

I acknowledge that because the Board is attempting to act on my application in an expeditious manner, the next meeting of the Board may be scheduled too soon for the Board to afford me the legally required notice pursuant to NRS 241.033 and 241.034. Because the Board might be unable to notify me in time to comply with NRS 241.033 and 241.034, I have two choices:

- 1) **Waive** the 5-day and 21-day notice by so indicating on the enclosed form, below, in which case my properly completed application will be heard by the Board at their next available meeting, or

2) Request a timely notice, in which case my properly completed application will not be heard by the Board until the next available meeting after timely notice has been given to me.

By checking one of the following, I hereby state to the Board:

- ☐ **I waive** my right to timely notice of the hearing on my properly completed application at the next available Board meeting, and I agree that the Board may discuss, consider and act on my application at that meeting, including **approval** or **denial** of the application, regardless of whether I attend the meeting.

By making this waiver, I assume the responsibility of contacting the Board office from time to time, if I choose to do so, to keep myself apprised of the date of the meeting at which my application will be considered and acted upon.

- ☐ **I do not waive** my right to timely notice of the hearing on my application, and I affirm that the Board may not discuss, consider or act on my application until timely notice has been given to me; and, therefore, I acknowledge that my application will not be considered until a later meeting.

Signature Requirements: A principal (officer, director, owner, or site manager) of the applying company must sign this application.

By: _____ **Title:** _____
(Signature)

_____ **Date:** _____
(Print Name)

This Application Must be Notarized.

Subscribed and sworn to before me this ____ day of _____, _____

_____, Notary Public in and for County of _____ State of _____

My Commission Expires: _____

NEW LICENSE APPLICATION - APPLICANT CHECKLIST

This checklist is provided as a courtesy in an effort to assist you in submitting a complete application. Please review this checklist to ensure that your application is complete. The Nevada Board for the Regulation of Liquefied Petroleum Gas (Board) desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, **the Board will process complete applications only.**

- ☐ Responses have been made to all questions in each section of the application, and all supporting documentation is included.
- ☐ Section 1 – Designate the classification requested.
- ☐ Section 2 – Calculate and include the required fees.
- ☐ Section 3 – Provide all required information
- ☐ Section 4 – Mark the appropriate entity type.
- ☐ Section 5 – List your Propane supplier.
- ☐ Section 6 – List all personnel per the instructions based on the entity making application. Answer the previous licensed question.
- ☐ Section 7 – Attach all required plans and specifications.
- ☐ Section 8 – Attach your valid certificate of insurance.
- ☐ Section 9 – A principal of the applying company must sign this application, and that signature must be notarized.

PLEASE NOTE:

The Board will only accept complete applications for processing. Please ensure that your application is complete and all supporting documentation is included. The Board will not act as your agent in gathering information or supporting documents.

The Board requires the original application be received in the Board office by 5:00 PM, 11 days prior to a meeting to be included on the agenda for that meeting. A schedule of Board meetings can be located at the Board office or on the Board website.

Applications approved with contingencies must have all contingencies met within 30 days for Board approval at the next meeting, or a new application and fees will be required.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Fee received: _____

License Number: _____

Processed By: _____

